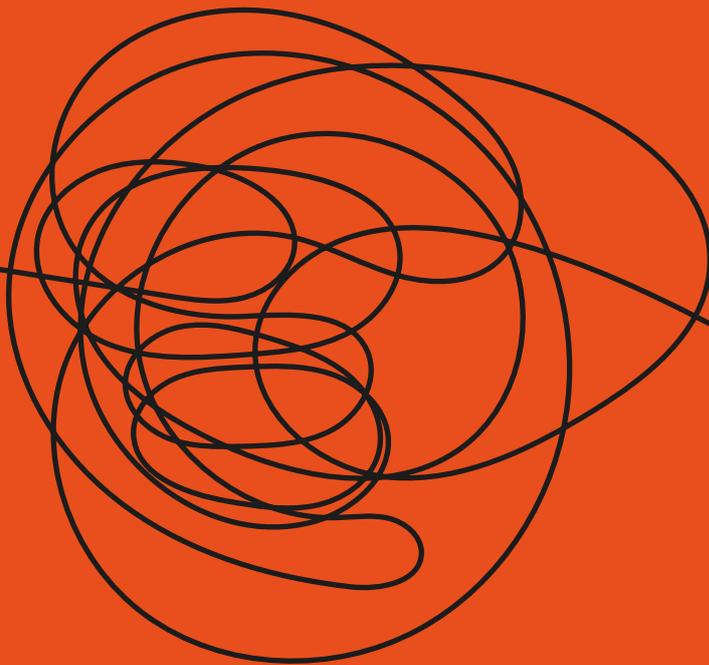


Take Care

Mental Health Toolkit



VANSA
VISUAL ARTS NETWORK
OF SOUTH AFRICA

www.vansatake.care

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Foreword

The only way out is through

Take Care is foremost an act of radical care in a world that hasn't always provided adequate and effective care and support for our community. We were worried. We were worried about ourselves. We were worried about each other. We were worried about our individual and collective traumas, we were worried about the systems that upheld unhealthy ways of working and being and we were looking for a way of interacting that felt healthy, empowering and truly centred our experiences.

This toolkit came about as a response to what we had seen and experienced in the sector. It comes out of a recognition that we need help and that we can be of help – out of the acknowledgement that our individual and collective care is all our responsibility and that we have the power to change and shift the ways in which we show up for ourselves and each other.

We wanted to create and share resources and tools that are generative and truly responsive to how we work and show up for each other. This toolkit is an invitation in an ongoing process of healing and living in healthy and empowering ways. It is designed to create understanding and share knowledge in such a way that it can be owned by you. Some things may be new or unfamiliar to you, some things may be familiar yet presented in different ways. Ultimately, our hope is that you will find this toolkit useful and informative, that it may become something you can continually return to, share with your friends, colleagues and family and that it would become a shared resource that is meaningful to you.

Refilwe Nkomo // VANSA Director

SECTION A

WHAT IS
HAPPEN-
ING TO ME /
MY LOVED
ONE?

1. Understanding mental health and neurodiversity



Mental health is a dynamic state of internal equilibrium. Basic cognitive and social skills; ability to recognise, express and modulate one's own emotions, as well as empathise with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.'¹

Neurodiversity is a combination of two words: neurological, which refers to the functions of the brain, and diversity, which refers to variation. Neurodiversity refers to variations in the human brain regarding sociability, learning, attention, mood and other mental functions in a non-pathological sense. The term includes those with attention deficit hyperactivity disorder (ADHD), autism, schizophrenia, depression, dyslexia and other disorders that affect the mind and brain. The concept of neurodiversity suggests a shift away from the traditional way of seeing mental health issues as sickness. Proponents of neurodiversity argue that there are positive aspects to having brains that function differently from the norm. They prefer that we see these differences simply as differences rather than disorders. Why, they ask, should the way of thinking that makes them different be classified as a problem? Others, however, focus on the difficulties and suffering brought on by these conditions. They warn of the dangers of normalising mental

health disorders, and potentially undermining the treatments and therapies that can enable an easier life for people with mental health challenges, and those who love and care for them.

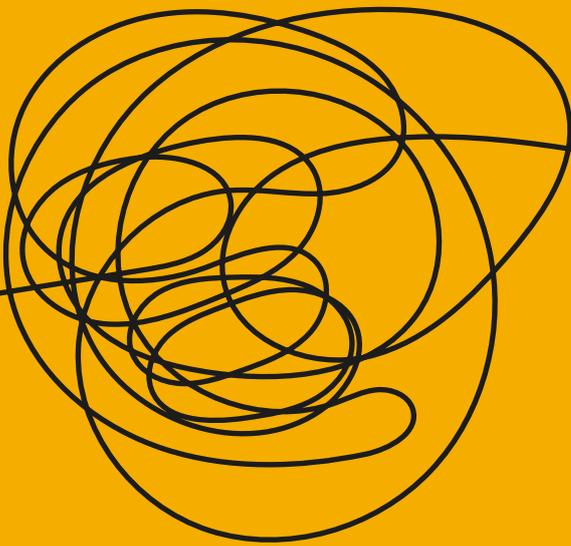
There is still much that we do not fully understand about the brain, as well as psycho-social behaviours and what drives them. And approaches to what constitutes 'mental health' are evolving all the time. In this toolkit, we therefore use the definition of mental health that refers to 'internal equilibrium' which means each of us has a personal sense of balance. This balance will shift depending on what is happening in our lives, the nature of our general wellbeing and other factors such as family history and societal issues. As our lives change, we need tools and skills to enable us to respond to these life changes in healthy ways that enable us to work back towards equilibrium.

In this toolkit, we embrace different experiences and strategies for mental health and recognise that each of us needs to be equipped with the tools, knowledge and support to find our own ways to better living for ourselves and our loved ones. This does not assume that everyone will feel positive and happy all the time. It also doesn't assume that those with long-term mental health challenges should 'get over it' or 'be normal'. Rather it assumes we all have different places of 'internal equilibrium' and should be supported so that we can be empowered and dignified. This toolkit therefore aims to offer pointers on a journey towards mental health – for those of us experiencing mental health challenges and those of us who care for them.

Things to keep in mind about mental health challenges:

- 01 Mental health challenges can affect anyone, and in different ways.
- 02 Mental health challenges can be managed with help.
- 03 Seeking help is not a sign of weakness.

Personal Experiences



Right now, I am trying to mend old relationships. Change of scenario really helped a lot in refiguring what I need to do to continue on living a balanced life. Family is getting familiar with me, after having been a long while away from them. I am adjusting to new change.

2. Understanding mental health in the visual arts

Mental health in the general population is considered a major global crisis by the World Health Organization (WHO). Look at these numbers about mental health around the world and in South Africa:

- One in four people globally are afflicted by mental illness at some point in their lives, with women twice as likely as men to be diagnosed.
- Two thirds of people with severe mental health challenges across the world never receive the care they need.
- According to the South African Depression and Anxiety Group (SADAG), mental health challenges are considered the third biggest illness in South Africa.
- The World Mental Health Survey compared the state of mental health in 15 countries and found that South Africa has the second highest rate of substance abuse, sixth highest rate of anxiety disorders and seventh highest rate of mood disorders.
- South Africa's health system currently struggles to meet the needs of mental health treatment across the country. According to the WHO, there are 23 psychiatric hospitals across the entire country, providing a total of 18 beds per 100 000 people in the population. There are 0.28 psychiatrists, 0.32 psychologists, and 0.4 social workers working in mental health per 100 000 people.

We don't currently have reliable data about the nature of mental health in the visual arts in South Africa, but anecdotal evidence and



international studies point to specific issues of mental health for practitioners in the arts. An Ulster University study found that the likelihood of a mental health problem in the creative sector is three times that of the general population. An Australian report by Entertainment Assist found that the levels of moderate to severe anxiety symptoms are 10 times higher in the performance and entertainment sector than in the general population. Researchers have identified that specific characteristics of the creative sector work environment contribute to the likelihood of developing mental health challenges. These factors include pressure to reach high standards; irregular work, work hours and income; and inadequate financial rewards for work in the creative sector.

If we understand the nature of the visual arts sector, we will be able to develop strategies that respond specifically to the ways in which our work negatively affects our mental health. Isolation, precarity, inequality and the culture of the visual arts world are some key issues in the arts that affect our mental health.

2.1 Isolation

Working as an artist can be quite lonely. Most practitioners in the arts work as individuals, spending time alone in studios with little team work. This can create a sense of isolation, which is increased by the common perception of the artist as a lone practitioner. Many artists take this idea on as part of their personal identity and being alone becomes closely connected to their success as practitioners in the arts.



Some parts of an artist's work life change as the artist becomes more successful. Although this is a good change in life, it has stressful elements because the artist is a lone practitioner. Practitioners in the arts often have to negotiate projects, deals and contracts by themselves with very little support or advice. As their careers grow, they are invited to travel more often – which is usually exciting, but also often stressful as

individuals find themselves alone in new places, sometimes unable to speak the local language and having to navigate the challenges of being in a new place. Residencies are often a marker of success in practitioners in the arts' careers, and are experiences to celebrate. However, they extend this feeling of aloneness for longer periods, often in cold weather over a dark winter, and without loved ones to keep them company.



2.2 Precarity

One of the most challenging parts of being an artist is the precarious nature of income and support. For many practitioners in the arts, it is necessary to be based in a city and many artists have to move to places they don't know, away from the support of their families. This means higher costs and losing a financial and emotional network of support. Even for those who are originally from cities or have family and friends who can support them in small ways, being an artist can be expensive. Many art materials are imported, and artists often have to pay for their own working space, such as studios. It can be very difficult to make a regular income as this often relies on networks and access to institutions such as galleries or shops. Even practitioners in the arts who are successful, have many projects on the go, have reliable gallery representation or are travelling regularly, do not always have a regular income. Many practitioners have an intermittent income, which affects cashflow – having money flow into your account at the same rate as it flows out.

This precarity can result in ongoing stress and difficulties. Being unable to plan or have long term clarity can be very stressful. The precarious nature of work in the arts sector

has knock-on effects that increase instability. For example, many artists are not eligible for Unemployment Insurance Fund (UIF) benefits, or able to contribute to a medical aid or other savings schemes. This makes it difficult for practitioners in the arts sector to benefit from some of the social safety nets in place for other workers.

2.3 Inequality and discrimination

The visual arts world often replicates inequalities already present in broader society. Many parts of the visual arts sector advantage people who already have financial support to help address some of the precarity concerns discussed above. For example, it is often faster to achieve success in the sector if you have a tertiary education, which is unavailable to broad segments of the population, for financial reasons. Also, the visual arts world often relies on the labour of interns who work for free. This enables work experience for those whose families can support them financially and keeps out those who need some income to pay for transport or basic living costs.

As in any professional sphere, issues of gender-based discrimination are prevalent in the art sector. This discrimination may be seen in a person having to defend their intellect, reject sexual advances, deal with sexual harassment or assault due to their gender or sexual orientation and the complex dynamics of power in the sector. In addition, people who take time off from producing work due to pregnancy or child-rearing may lose their visibility in the artworld because of assumptions that they are no longer 'relevant' or can no longer keep up with the pace of the industry.

Race is also a significant issue in the art sector. It can be difficult for black artists to penetrate the creative industries when there is often only room for a few successful black artists at a time. Other factors make it even more difficult for black artists to gain the recognition they deserve. These include the English language being a form of currency, little representation, lack of understanding of content of work when addressing aspects of the black experience, constantly having to explain yourself, and having only a select (generally white) few gatekeepers of the visual arts sector. These factors add to the stress of being a practitioner in the visual arts world.

2.4 The culture of the visual arts

There are also a number of 'cultural' aspects to the visual arts sector that can exacerbate negative impacts on mental health. The visual arts often require high levels of socialisation as part of the artist's professional requirements, for example attending exhibition openings and remaining visible. This socialising often requires very late nights, generally includes drinking alcohol and often includes taking drugs. The stereotype of the 'tormented and gifted' artist encourages emotional instability and intensity rather than promoting healthy modes of living; this stereotype is celebrated as a marker of talent or creative authenticity. Though we may not believe in this stereotype, it can have the subconscious effect of preventing us from identifying reckless and self-harming behaviours such as staying up all night. The notion that artists are passionate or emotional people by nature may be true, but it can keep us from recognising when it is necessary to take action.

A combination of these aspects can impact mental health negatively. Being alone often, having a precarious income, experiencing discrimination, and being encouraged to use alcohol or drugs can result in mental health challenges. If these challenges are not addressed, artists may resort to 'self-medication' that results in more harm.

What can I do.....

If someone I love is struggling with the challenges of working in the visual arts?

Consider having a discussion to find out:

What are the challenges? How is the person approaching these challenges? What kind of support from friends and family could help?

Opening up and seeking understanding are vital to enable constructive and care-based approaches to mental health.

3. Some common challenges to mental health

In this toolkit we use the terms ‘mental health challenges’ and ‘mental health conditions’ to refer to a range of experiences that affect mental health. These terms refer to serious life experiences that deeply impact an individual’s wellbeing and may require medication and even hospitalisation. Some of these experiences are lifelong (often referred to as chronic) and are part of a person’s lifelong health journey. Others are more temporary experiences that occur in response to difficult phases in a person’s life.

Mental health challenges are usually characterised in three ways, based on their level of severity:

DISTRESS

- The most common type of mental health problem.
- Distress is characterised by a mixture of different feelings (such as feeling sad, worried, tense or angry).
- It is often of short duration but substantial severity, and in response to difficulties in a person's life (such as the loss of a loved one, after childbirth, medical illness or traumatic events).

DISORDER

- A more severe but less common type of mental health challenge.
- Disorders are more clearly defined groups of complaints that can be classified using a medical diagnosis.
- They are generally of a longer duration than distress, and not necessarily associated with difficulties in a person's life.
- Some disorders are temporary, and others can be lifelong. For some people, the development of a disorder may follow substance use.

DISABILITY

- The most severe and least common type of mental health challenge.
- Disabilities are characterised by enduring impairments in a person’s daily functioning.
- They may be present from birth or very early childhood, or they may appear later in life as a consequence of a mental disorder (such as dementia).

Major life events are the biggest cause of anxiety and depression in our lives, but how we think about these events determines the level of stress we experience. Depression and anxiety can be 'normal' reactions to life events and we should not dismiss or ignore them. Rather, we should support the person feeling depressed or anxious to help them deal with their experiences and to find their best strategies to manage their feelings.

Many mental health challenges can be treated with simple, relatively inexpensive methods. It is true that many mental disorders and disabilities cannot be 'cured'. However, many physical illnesses (HIV, cancers, diabetes, high blood pressure, asthma, rheumatoid arthritis) are also not curable. Still, much can be done to reduce symptoms and to improve the quality of life of people who have these conditions. The same is the case for mental health and many people are able to live full and successful lives while managing their mental health challenges.

3.1 Common mental health disorders

Anxiety disorders

Anxiety disorders cause people to experience distressing and frequent fear and apprehension. Many people may experience these feelings during a job interview or public speaking event, as a normal response to stress. People with anxiety disorders feel them frequently and in typically non-stressful events. Bouts of anxiety can last up to six months or more at a time.

Anxiety disorders include:

- **Panic and panic attacks**
- **Generalised anxiety disorder (GAD)**
- **Obsessive-compulsive disorder (OCD)**
- **Post-traumatic stress disorder (PTSD)**
- **Social anxiety**



What can I look out for...

To identify key features of anxiety?

Feeling

- Feeling apprehensive, as if something terrible is going to happen
- Feeling scared without real cause
- Physical
- Heart beating fast / palpitations
- Can't breathe properly
- Dizziness
- Trembling, shaking all over
- Having frequent headaches
- Having 'pins and needles' / a prickling feeling / or like ants are crawling on limbs or face

Thinking

- Worrying too much about your problems or health
- Worrying that you are going to die, lose control or 'go mad'; these thoughts are often associated with severe physical symptoms and extreme fear

Behaving

- Avoiding situations that you are scared of, such as shops or public transport
- Asking for reassurance again and again, but still being worried
- Experiencing poor sleep

While it's normal to experience mood swings from time to time, people with mood disorders live with more persistent and severe symptoms that can disrupt their daily lives. Depending on the specific disorder, people may experience an ongoing sad, anxious or 'empty' mood, feelings of hopelessness, low self-esteem, excessive guilt, and decreased energy. People with bipolar disorders may experience bouts of mania, which are characterised by energy and recklessness. Therapy, antidepressants and self-care can help treat mood disorders.

The most common mood disorders are:

- Major depressive disorder
- Persistent depressive disorder
- Bipolar disorders
- Substance-induced mood disorder

What can I look out for...

To identify key features of depression?

Feeling

- Feeling sad and miserable
- Losing interest in life, relationships, work or other activities
- Feeling guilty
- Feeling irritable and short-tempered
- Physical
- Feeling tired, fatigued and weak
- Having aches and pains all over the body

Thinking

- 'Thinking too much'
- Having difficulty in concentrating
- Not seeing any hope in the future
- Difficulty making decisions
- Thinking other people are better than you

- Thinking that it would be better if you were not alive
- Having suicidal ideas and plans

Behaving

- Having disturbed sleep / usually worse, but occasionally too much sleep
- Having poor appetite / sometimes increased appetite
- Reduced sex drive
- Preferring to be alone and not socialise with others
- Problems with work or stopping work altogether

What can I look out for...

To identify key features of mania?

Feeling

- Feeling on top of the world
- Feeling happy without any reason
- Feeling irritable

Thinking

- Thinking you are special or have special powers
- Thinking others are trying to harm you

- Denying that there is any problem at all

Behaving

- Talking loudly and fast
- Reckless behaviour, e.g., being sexually overactive, overspending
- Unable to relax or sit still
- Reduced sleep

Psychotic disorders

People suffering from psychotic disorders may be unable to tell the difference between what's real and what's not. This group of mental disorders changes an individual's sense of reality. Certain viruses, problems with how specific brain circuits work, extreme stress or trauma, and some forms of drug abuse may play a role in the development of psychotic disorders. In addition, there may be a hereditary component to these disorders.

The most common psychotic disorders include:

- **Schizophrenia**
- **Schizoaffective disorder**
- **Brief psychotic disorder**
- **Delusional disorder**
- **Substance-induced psychotic disorder**

What can I look out for...

To identify key features of psychosis?

Feeling

- Losing interest and motivation in daily activities
- Feeling scared of being harmed
- Feeling angry and irritable

Thinking

- Difficulty thinking clearly
- Having delusions, such as believing that others are trying to harm you or that your mind is being controlled by external forces
- Imagining / hallucinating
- Hearing voices - particularly unpleasant voices - that talk to or about you
- Seeing things that others cannot

Behaving

- Withdrawing from usual activities
- Pacing about, restlessness
- Aggressive behaviour
- Bizarre behaviour, such as hoarding rubbish
- Poor self-care and hygiene
- Answering questions with irrelevant answers
- Talking to self
- Speech not making sense
- Unusual movements, e.g., standing in one position for a long time, ritualistic movements



3.2 Substance use and abuse

There are many reasons that people decide to drink alcohol and use drugs. In some cases, substance use is a symptom of another condition: a person may be facing severe hardship and find it hard to cope, and turn to substances to help alleviate whatever they are going through. But this relief is only temporary, and substance use is a destructive way of coping with the stressors an artist may face.

The over-use of drugs and alcohol come with serious risk and can have devastating consequences. If you notice that you or someone you know is relying on substances to help them cope, it may be a sign that help is needed.

How do I recognise substance abuse?

Substance abuse is characterised by excessive consumption of alcohol and/or drugs. 'Excessive' is hard to define when it comes to alcohol, because there are many understandings of excessive alcohol consumption. Drinking alcohol is legally permitted and socially acceptable, and many people do not believe that they may have a problem. In addition, drinking and taking recreational drugs are normalised in the visual arts, and we need to take notice when regular consumption crosses the line to become substance abuse. This line is often blurred, but it may be a cause for concern if you observe yourself or a friend showing some of the features on the following page.

What can I look out for...

To identify key features of substance abuse?

- Not knowing when to stop drinking. Different people can consume different amounts of alcohol. If you often pass out after drinking, that is a sign of not knowing your limit.
- Spending most of your money on alcohol. If you find that you are spending more money on drugs or alcohol than on your daily necessities, that is a call for concern.
- Missing important events because you are drunk or high.
- Mistreating people who are concerned about you.
- Being frequently involved in risky situations because you are too intoxicated to make good judgements.
- Behaving in an uncharacteristic way. This could include being aggressive, overly emotional or any other way that is not a usual behaviour.
- Having abnormal and/or sudden changes in mood.

3.3 Self-harm and suicide

What is self-harm?

Self-harm is also known as self-injury or self-mutilation. As these names suggest, self-harm occurs when someone intentionally and repeatedly harms themselves in a way that is impulsive and not intended to be lethal. The most common methods of self-harm are skin cutting, head banging and hitting (e.g., punching a wall).

What is suicide?

Suicide is the most extreme form of self-harm, and it ends in the person intentionally taking their own life. Most people who die by suicide have a mental or emotional disorder. The most common underlying disorder is depression. Although the majority of people who have depression do not die by suicide, having depression does increase suicide risk compared to people without depression. The risk of death by suicide may be related to the severity of the depression.

Not all suicide attempts end in death, as a person may inflict a serious injury, but black out or stop their actions before dying. Some people may display signs of suicidality, or thinking constantly about death, although they may actually want to continue living. A suicide attempt is a clear indication that something is seriously wrong in a person's life or their mental health, and all suicide attempts should always be taken seriously.

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behaviour is new or has increased recently.

What can I look out for...

To identify key features of suicidal tendencies?

Talking about

- Wanting to die or about suicide
- Feeling empty, hopeless or having no reason to live
- Great guilt or shame
- Feeling trapped or feeling that there are no solutions
- Being a burden to others
- Being preoccupied with death

Feeling

- Unbearable emotional or physical pain
- Guilt or shame
- Hopelessness

Behaving

- Making a plan or looking for a way to die by suicide, such as searching for lethal methods online, stockpiling pills or buying a gun

- Using alcohol or drugs more often
- Seeming anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking risks that could lead to death, such as driving extremely fast
- Displaying extreme mood swings
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

What can I do.....

If someone is suicidal?

ASK:

It's not easy to ask someone if they're thinking about suicide, but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

KEEP THEM SAFE:

Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference

BE THERE:

Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may reduce rather than increase suicidal thoughts.

HELP THEM CONNECT:

Save the suicide crisis lines numbers (SADAG: 0800 567 567; Lifeline SA: 0861 322 322; SMS crisis number: 31393) on your phone, so they are there if you need them. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

STAY CONNECTED:

Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.





SPOTLIGHT ON:

African Spirituality

As the 'new' South Africa approaches 30 years of democracy, the pace of decolonisation remains slow. This has a related set of complex political, social, economic and personal implications for our humanity. Still, the change is happening and constant, although slow, and the process of learning and unlearning continues.

We see these changes in how a growing number of South Africans are openly embracing their hybrid identities as modern Africans who have western world views, but also engaging and practicing indigenous knowledge systems. Bantu philosophy, or isiNtu, is rapidly finding expression as new and older generations of traditional thinkers, practitioners and healers demystify African knowledge systems. This is helping to normalise indigenous perspectives on various matters, including mental health. With this rise of indigenous knowledge systems, people living with mental health conditions often seek help not only from allopathic doctors and mental health specialists like psychologists and psychiatrists, but also from indigenous, faith-based and traditional healers, because isiNtu does not separate a person's mental health from their spiritual or physical health. In recent years, there has been a growing integration of the two healing systems by psychologists who are also sangomas/amagqirha/dingaka or other kinds of integrative healers.

What is happening to me / my loved one?

In many cases, a person may experience psychological and physical symptoms of illness such as anxiety, insomnia, radical behavioural changes, recurring dreams or nightmares, headaches, body aches, respiratory issues and other serious

physical illness — but these symptoms do not always lead to conclusive or clear medical diagnoses. In some of these cases, the person may seek the help of a sangoma, inyanga, igqirha or ngaka to investigate the causes of the symptoms that are disrupting their mental or physical health.

As mentioned, Bantu philosophy and traditional medicine take the view that a person's health includes physical, mental and spiritual components: the person is made up of the body, the mind and the soul. This means that the diagnosis and treatment for an issue related to mental health may involve multiple approaches that encompass the physical, mental and spiritual aspects.

The process of diagnosis usually begins with *ukuhlola* or *ukuchaza* (a consultation with a healer) and involves various forms of divination or reading. Sometimes a reading is done with talismans such as bones and other symbolic objects, water, candles or the healer's hands. Other times, a healer can divine or read energy without using any visible tools to 'see' or conduct a reading. This depends on the kind of healer and their approach to divination and healing. These consultations almost always involve a healer investigating or asking about the person's family history and consulting with their ancestors to determine the root of the problem. Once the healer – in consultation with the person and their ancestors – has established a spiritual cause for the illness, the next step is to start a course of treatment. Treatments are unique, and vary for each kind of healer and each individual or family. They can include *ukuphahla* (connecting with and talking to the ancestors and guides), ritual cleansings, ritual performance and the guided prescription of traditional herbal medicines.

Because the approach to indigenous healing is rooted in treating the physical or psychological



problem at the level of the spirit, it is important to understand the healing and treatment as a process that can take time. This duration depends on the individual case. If a healer is thorough, patient and dedicated to the healing of a patient, this process can be lengthy, complex and may not always yield results immediately. But ultimately, it is about creating harmony between the person's mind, body and soul as well as harmony in their life, relationships and work. This requires a person's active involvement in their healing rather than a passive 'fix me' approach.

After a successful process of healing, the person not only understands why they became ill, but they are left with a deeper understanding of who they are, who their ancestors and guides are, how they communicate with them and most importantly, a deeper understanding of the relationship between their mind, body and soul. As with any treatment for a mental illness, a person may have to see a healer for long periods, and this can have financial and other practical implications. This is why it is important to have a support system and not to venture on this route alone. Many healers encourage the person to attend consultations with a trusted witness, a companion to khapha them on the journey, so that they are not alone.

When it comes to healing and especially mental health, the integration of indigenous and western knowledge systems is a sensitive subject both ethically and legally. Under our western legal system, it is difficult to regulate, verify and understand a knowledge system whose principles are not measurable with the same tools as western allopathic medicine. Because of this difficulty in regulating traditional healing, it is often challenging for individuals in need to know where to start looking for reliable, safe, affordable traditional health care resources. The resources listed on the next page can help.

Where can I look...

For traditional health care service providers

- The South African National Traditional Healers Association (SANTHA): www.santha.co.za
- The Sangoma Society is an online resource run by a group of sangomas who offer consultations for spiritual guidance and online course. Find them on Twitter: <https://twitter.com/SangomaSociety>
- iCamagu Heritage Institute on Facebook is a page dedicated to demystifying indigenous knowledge. The institute is based in the Eastern Cape. Find them at www.facebook.com/ICamagu-Heritage-Institute-104386658313494
- Radio shows: Listen to Indaba YeSintu with Alex Mthiyane on Gagasi FM: www.youtube.com/watch?v=kycJ_HsK3Xw

SECTION B

WHAT CAN I DO ABOUT MENTAL HEALTH CHALLENG- ES?

1. How do I know if I need help?

Having a mental health challenge can affect our lives in many ways. Our normal activities may be affected negatively, intimate relationships can be profoundly affected, friendships may be lost and we may even lose employment and financial security. That's why it's important to take action if you think you or someone you know may be suffering with a challenge to mental health.

If you think you have noticed an issue for yourself or someone you care for, the first questions to ask are:

1. Is it severe? In other words, is it having a serious, negative effect?
2. Is it persistent? Has it been happening for a while?
3. Is it interfering with daily activities, work or studies, and family and social relationships?

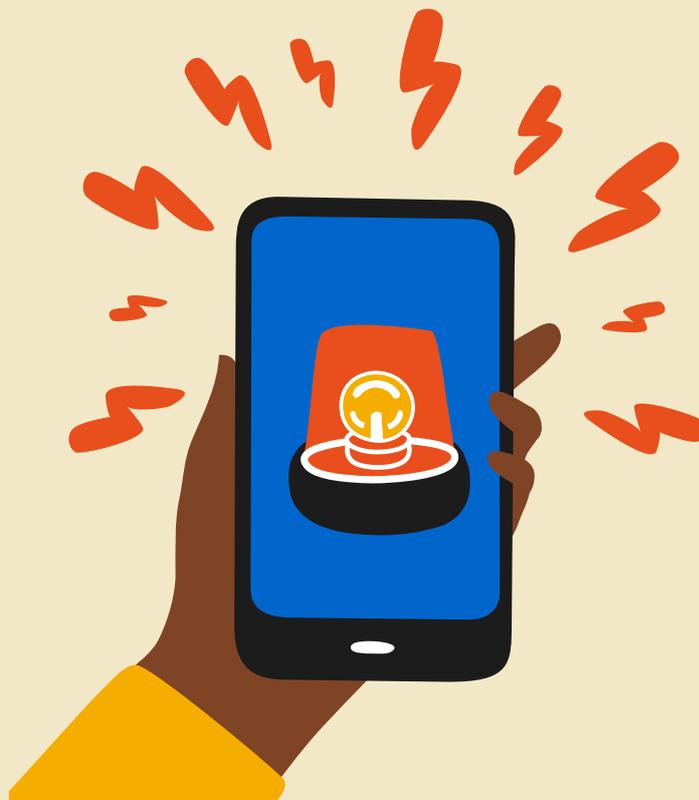
If you answered 'yes' to two or more of these questions, it's worth taking the issue seriously. Read on for more information on how to recognise problems and take the next steps towards a solution.



2. When to pick up the phone

With illnesses such as diabetes or cancer, it is important to pick up early warning signs and to act when there is any indicator of concern – even if it’s a false alarm, it’s better to act! This is what we should do for challenges to mental health, too. When someone first begins to experience symptoms such as losing sleep, feeling tired for no reason, feeling low, feeling anxious, or hearing voices, we should act.

These early symptoms might not become more serious. Sometimes they might go away on their own. Sometimes they can be addressed with relatively simple actions, such as talking to someone or getting medical help. But sometimes, they are more serious. In these cases, it typically takes ten years from the time they first appear until a correct diagnosis and proper treatment. Ten years is too long! In this time, the person’s suffering could be alleviated and their lives changed for the better. During the early years, most people have support – a home, family, friends, school and work – that allow them to manage their mental health challenges. These supports help people to recover quickly, and live full and productive lives.



This does not mean that a later intervention is not helpful. Even if we don't intervene right away, and serious mental health challenges get worse and disrupt people's lives, we can help. We can offer people choices and the support to help them recover.

Knowing what signs to look out for can help you decide when to reach out for help. This list below gives some general signs that the person is struggling. If you identify that several of these signs are present, the person may want to speak to a medical or mental health professional.

What can I look out for...

To identify signs that someone may need help?

- Confused thinking
- Prolonged depression / sadness or irritability
- Feelings of extreme highs and extreme lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Strange thoughts / delusions
- Seeing or hearing things that aren't there; hallucinations
- Inability to cope with daily problems and activities
- Suicidal thoughts
- Numerous unexplained physical ailments
- Substance use that is resulting in damaging behaviours
- Repeatedly engaging in risky behaviour

You can also use an online screening from a reputable source to determine whether someone is experiencing symptoms of a mental health condition. Use the results to have a conversation with family or a friend, or take them with you to see a health care worker.

3. How to have the conversation: Reaching out for help

It can be hard to talk about mental health, whether you're worried about someone else or if you are struggling. But talking can be incredibly helpful to make sense of and manage difficult experiences. Planning the conversation can help to make it easier. The guidelines below give some pointers.

- **Start with a text if a face-to-face talk is too intimidating.** It could be as simple as 'I have some important things on my mind and need to make time to talk to you about them.'
- **Find and share info.** Find out more about what you are concerned about. Inform yourself so that you can approach your concerns with some knowledge. Learning about an issue will also reassure you that there are solutions, so this will make the conversation more positive. See our resources at the end of this toolkit for more information.
- **Plan beforehand.** When you are struggling, it can be hard to articulate how you are feeling so it might help to wait until you are feeling calm to map out what you want to say with bullet points.
- **Think about timing.** There is no perfect time to speak up, but try to find a time when you know you won't need to rush off or when the other person is distracted. Also try to plan to have the conversation when you feel calm. Imagine that you have an 'emotional thermometer' and wait until you aren't too 'hot', or emotional, and not so switched off from your feelings that you are too 'cold'. When you are in the middle range, you can really think about what you want to say. This is the best time to open up about your thoughts and feelings.

- **Where to talk.** Find a place you feel comfortable and where there are no distractions. This could be in your bedroom, over a cup of tea at home, over lunch break in the park or in a quiet corner of the playground.
- **Take courage.** We all have good days and days when life is more of a struggle. That's OK. Remember it is important to deal with issues earlier rather than later, so don't worry that expressing a problem or negative feeling will put people off. It might bring people closer.



Still not sure what to say?

Sometimes it's easier to write something than to say it. You can use the letter below, adapted from mhanational.org, and fill in the blanks. Pick from the options we've listed or use your own words.

Dear _____,

For the past (week/month/year/ _____), I have been feeling (unlike myself/sad/angry/anxious/moody/agitated/lonely/hopeless/fearful/overwhelmed/distracted/confused/stressed/empty/restless/unable to function or get out of bed/ _____).

I have struggled with (changes in appetite/changes in weight/loss of interest in things I used to enjoy/hearing things that were not there/seeing things that were not there/feeling unsure if things are real or not real/my brain playing tricks on me/lack of energy/increased energy/inability to concentrate/alcohol or drug use or abuse/self-harm/skipping meals/overeating/overwhelming focus on weight or appearance/feeling worthless/uncontrollable thoughts/guilt/paranoia/nightmares/bullying/not sleeping enough/sleeping too much/risky sexual behaviour/overwhelming sadness/losing friends/unhealthy friendships/unexplained anger or rage/isolation/feeling detached from my body/feeling out of control/thoughts of self-harm/cutting/thoughts of suicide/plans of suicide/abuse/sexual assault/death of a loved one/ _____).

Telling you this makes me feel (nervous/anxious/hopeful/embarrassed/empowered/pro-active/mature/self-conscious/guilty/ _____), but I'm telling you this because (I'm worried about myself/it is impacting my schoolwork/it is impacting my friendships/I am afraid/I don't want to feel like this/I don't know what to do/I don't have anyone else to talk to about this/I trust you/ _____).

I would like to (talk to a doctor or therapist/talk to a guidance counsellor/talk to my teachers/talk about this later/create a plan to get better/talk about this more/find a support group/ _____) and I need your help.

Sincerely,
(Your name _____)

4. What if someone talks to me about their mental health?

It's hard to reach out for help for yourself, but it can also be hard to be on the other side. You might not know how to respond if someone talks to you about their mental health. The guidelines below, adapted from [healthline.com](https://www.healthline.com), can help you to support them:



Listen. Let the person finish their sentences and complete thoughts without interrupting. After they have finished you can respond.



Let them know if you understand. If someone has just spilled their guts and and you've gone through something similar – tell them. It helps a lot for someone to know they aren't alone. Make sure you don't switch the topic of conversation to your struggles though; focus on their needs.



Avoid being judgmental and think about your language. Don't tell them they are being weird or crazy; it's not helpful at all. Try not to lecture people or assume that the way they are feeling is equivalent to what you or others may have experienced.



Take them seriously. Try not to respond with statements that minimise how they are feeling or what they are going through, such as, 'You're just having a bad week' or 'I'm sure it's nothing'.



Make yourself available to talk again if needed. While it can be a big relief for someone to share something that they have been keeping secret, mental health struggles usually aren't solved with one conversation. Let the person know that they can reach out to you again if they are having a tough time. It's OK to let them know if there is a time of day or certain days of the week

that you aren't available. For instance, you could say 'I'm here for you if you need to talk. I can't answer the phone at work, but I am definitely available on weekends.'



If you don't understand, do some research and learn about what you've been told. Make sure that your information is coming from reliable sources like government agencies and health organisations.

Part of being helpful is to take care of yourself. If you have ever been on an airplane, you might remember that they always ask you to put your own oxygen mask on first before you offer help to others, if there is a crisis. So remember to look after yourself, too. This might involve setting boundaries and managing the person's expectations. You will need to think about what you can and can't offer in the way of support.

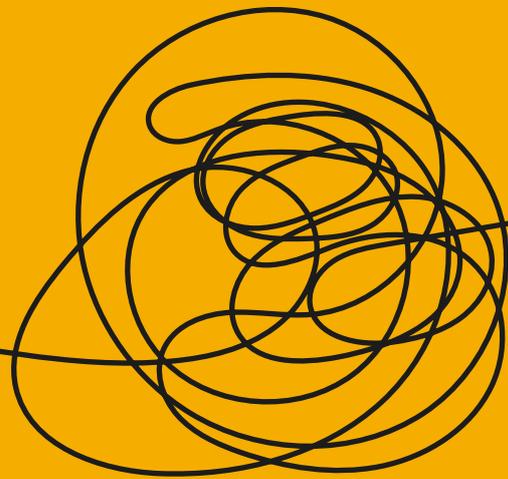
These scripts might be helpful for you to establish expectations:

'I'm happy to support you, but I want to make sure you also have professionals in your corner. When are you re-establishing care with a doctor or therapist?'

'I'm glad you asked for my help. Do you have a plan for what you'll do if this gets worse? I want to be sure you have a backup plan in case we need extra support.'

'I love you so much and I want to support you. It would help put me at ease if you let me know who you'll reach out to if I'm not available at a particular time, just so that I know you aren't doing this alone.'

Personal Experiences



It needs to be noted that as the 'other' in the relationship, you are also dealing with your own feeling of bewilderment, despair and guilt. What did I do to incite this? You are also not thinking straight and take the behaviour of the person in crisis as a personal assault. A family member who is a doctor gave me the best advice of all. See a medical professional to get further help immediately, the mania is speaking, not the person you love, don't punish him, help him.



5. Health professionals who can help

There are many types of mental health professionals. Finding the right one for you may require some research and trying a few people, so expect for it to take some time. It is often a good idea to first describe the symptoms and/or problems to your family carer (such as a doctor) or faith leader (such as a pastor or imam). They might have a recommendation of someone in the community you can speak to. You can also do some research on the internet and ask friends and family to suggest options. They can suggest the type of mental health professional you should call.

These are some health professionals who can help:

Support groups: A support group is a gathering of people with common experiences and concerns who meet to provide emotional and moral support for one another. They encourage a sense of community, a source of empathetic understanding and a non-judgemental environment. You could find a support group through your place of worship, through SADAG, on social media platforms or via other internet sources. See our resources section at the back of this book.

Local clinic: Unless you are facing an emergency, a visit to the community clinic nearest to your home may be the best option to seek support. Clinic staff will probably focus on possible medical conditions and solutions, and counselling may not be their first priority. If you are aware of an emotional need and would like to see a counsellor, ask to see one. If clinic staff are unable to assist, they may be able to advise if another clinic or NGO could help.

Social worker: Social workers work across a broad spectrum of services, such as counselling and therapy, mediation, health-related counselling, individual therapy,

couples therapy, family therapy and dealing with trauma (including mental health). They are trained to make diagnoses and provide individual and group counselling. You can find a social worker through your local clinic or Social Workers Association.

Counsellor/Therapist: A mental health counsellor, or therapist, works with individuals and groups to promote optimum mental and emotional health through counselling. Counselling is a process of talking about and working through your personal problems with a trained professional. You can find a counsellor or therapist through your health care provider, local school or through online sources.

Psychiatrist: Psychiatrists are medical doctors with special training in the diagnosis and treatment of mental and emotional challenges. Like other doctors, psychiatrists are qualified to prescribe medication.

Psychologist: Psychologists are academically trained in psychology (the study of the mind and behaviours) and are trained to make diagnoses and provide individual and group therapy. To practise, they must be registered with the HPCSA. They are not able to prescribe medication, and they may work together with a psychiatrist or other doctor if medication is necessary.

Traditional health care: People experiencing mental health challenges often seek help from indigenous and traditional healers since isiNtu do not separate the mental health of an individual from their spiritual or physical health. See more detailed information about the role of traditional health care in mental health on page [25](#).

Complementary therapies: Acupuncture, homeopathy and meditation are some of the forms of health care often considered as complementary therapies. Different complementary and alternative therapies may help with different symptoms. For example, meditation has proven effects in reducing anxiety. Complementary therapies can focus on your physical, mental or spiritual wellbeing. Not all complementary and alternative therapies are regulated, and it is important to make sure the therapist you choose is qualified.

Faith leader: Many places of worship offer counselling services. If you are a believer in that faith, it can be very helpful to access a counsellor who shares your cultural and religious context and experiences. A faith leader is best consulted in conjunction with a medical practitioner such as a doctor or psychiatrist.

Hospitalisation/in-patient care: In very severe circumstances, a person may need to be admitted to a caring facility to enable them to get better. This might be a mental health hospital, an addiction treatment centre or some other in-patient service. Being admitted means the person struggling with their mental health does not go home for some time while they work with a team of trained professionals to get better. Hospitalisation may occur because someone decides it is the best decision for themselves, at the insistence of a family member or professional, or because they have had an encounter with a first responder (EMT/paramedic, police officer, etc.) who made the decision.

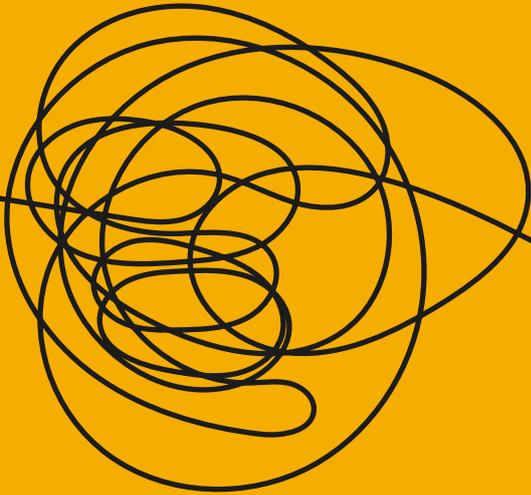
What can I do.....

If someone refuses to get help in an emergency?

If it is an emergency situation but the person experiencing severe mental health challenges, and they are a risk to themselves or others but refuse to get help, you can call the South African Police Services. The Mental Health Care Act 2002 - Section 40 - obliges SAPS to assist in bringing the person to a nearby hospital or clinic that offers emergency services. It is sometimes necessary to call the local station commander and remind them of their responsibility – it is best to be polite in such circumstances, despite the stress of the situation.

This is a very difficult circumstance and can be distressing for everyone involved. After the situation is resolved, the people involved should seek some support, such as speaking with a trained professional.

Personal Experiences



In the ward we try make as much friends as we can; to understand each other's cases. Can feel homely after a while. Week in week out, thinking of the outside world can drive you mad. Some wards offer reading material and other entertainment for the duration of how long you would stay there.

6. Free and paid support

6.1 Free or low-cost health care

There are a number of independent community clinics and non-profit support organisations in South Africa that can give guidance and free health care to people who need it. These entities are usually quite oversubscribed and are often not equipped to provide support in an emergency. However, using an independent community clinic or non-profit support organisation can be a good way to start to seek help, to learn more about the issue, and to enter into the public health care system. [A list of low-cost health care facilities is available on the Take Care website.](#)

The South African health system emphasises community-based care through local clinics. Unless you are facing an emergency, your public health care journey will start with a visit to the community clinic nearest to your home. At a clinic you can speak to someone about getting support such as speaking with a social worker, counsellor or psychiatrist. The clinic will be able to advise you on your options. It is useful to express to the attendant nurse or doctor what you are struggling with, and explain that you need help. If they are unable to assist you, or feel you need to be assessed within a different part of the system, they will be able to refer you.

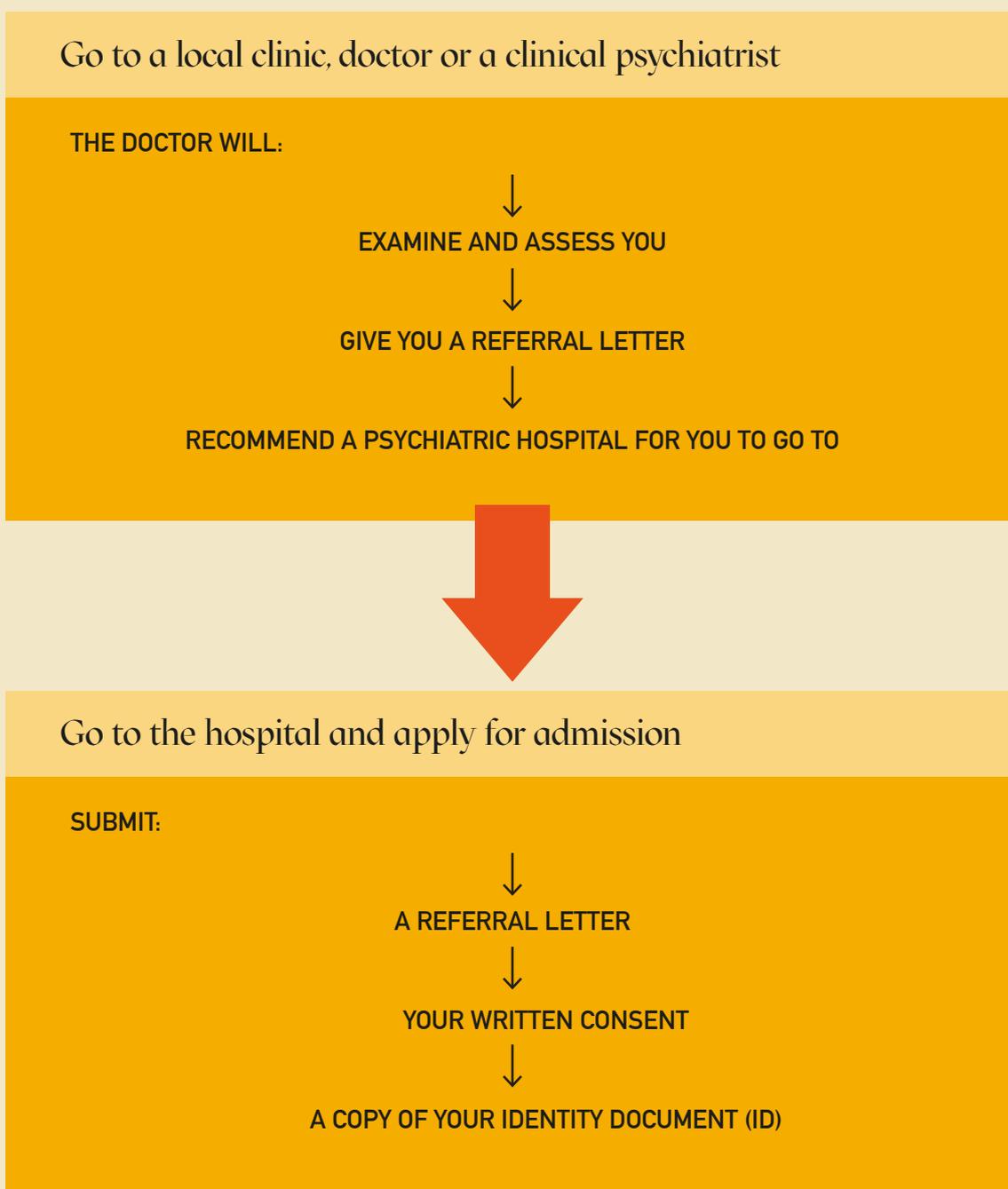
[What you should do if you need admission to a public health care facility](#)

The majority of people with mental health challenges will never need to spend time in a hospital or treatment centre. In more serious cases, a person may need to be hospitalised so that they can be more closely monitored and accurately diagnosed, have their medication adjusted and get more in-depth support. In South Africa, public health hospitals are secondary level facilities, which means that patients need to be referred to them through a primary level facility such as a clinic. New patients are required to bring a

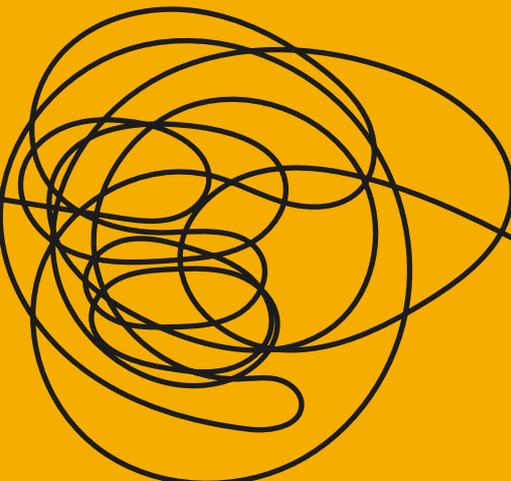
referral letter from community clinic, GP or psychiatrist.

In some cases, you may feel it's necessary to be admitted for in-patient care to a public mental health hospital. According to the South African government's website only a spouse, next of kin, partner, associate, parent or guardian of a person having a mental health crisis may apply for hospitalisation at a public hospital. Application forms are available at clinics and hospitals.

This is the process for hospitalisation:



Personal Experiences



Getting my brother help was a very lonely and frustrating process. I was bounced around from clinic to hospital to another hospital. The government system is very overwhelmed so it's difficult to get information and the process is very slow. We eventually saw a doctor after hours of waiting. Maybe three hours. He identified my brother's psychosis immediately and he was taken into a ward for incoming psychiatric patients with very little explanation to me of what was happening or going to happen. Maybe another six hours later a doctor called me into his office to explain that my brother would be admitted to the hospital. By law once a patient is identified as psychotic the hospital cannot discharge them without diagnosis and treatment. And that was it. Just like that my brother was just taken. No preparation of what might happen in the six hours of waiting. Just, 'This is the law. Go home.'



You may be admitted as soon as a bed is available. The cost for the service depends on these conditions:

1. The service is free if a patient is admitted involuntarily. This happens when the person is having such a severe mental health crisis that they need medical attention without their consent – usually an emergency.
2. If a patient voluntarily consents and request the service, they are liable for payment in terms of the Uniform Patient Fees Schedule.

What can I do...

In an emergency?

If you or someone you know is experiencing an emergency, go to the closest casualty/emergency department. Emergencies are situations that require immediate intervention to reduce imminent harm or risk. In terms of mental health, risk can include damage to a person's personal or professional reputation. Ask a friend or family member to accompany you. In an emergency, you do not require a referral letter to get help from a public or private hospital.

6.2 Private health care

There are many paid options within the private health sector for support and care for mental health challenges. Doctors in private practice and counselling centres can make recommendations for specific services, and online resources can help you find mental health practitioners for services such as counselling, therapy and psychiatry. You can find options through googling or via specific mental health care online sources.

Hospitalisation or admission to a treatment facility can also be done through private health care facilities. Most hospital chains detail their mental health support programs on their websites and some have special mental health facilities. As with public health care, patients generally need to be referred by a doctor or psychiatrist to be admitted for in-patient care at a hospital. However, if it is an emergency – a situation that requires immediate intervention to reduce imminent harm or risk – then you should go to the closest casualty/emergency department of a hospital and they will help without a referral letter.

Medical aids and PMBs

All medical aids have prescribed minimum benefits (PMBs), as set out by the Medical Schemes Act. According All medical aids have prescribed minimum benefits (PMBs), as set out by the Medical Schemes Act. According to the Council for Medical Schemes (CMS) website (www.medicalschemes.com), PMBs are sets of defined benefits to ensure all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. This means that the benefits associated with a PMB condition are not dependent on the plan you have selected: PMBs apply to all members of a scheme, regardless of the plan, even if it's just a hospital plan. Medical aids describe the PMBs for 11 different mental health conditions as set out in the table below.

Code	Diagnosis	Treatment
182T	Abuse or dependence on psychoactive substance, including alcohol	Hospital-based management up to 3 weeks/year
910T	Acute delusional mood, anxiety, personality, perception disorders and organic mental disorder caused by drugs	Hospital-based management up to 3 days
910T	Acute stress disorder accompanied by recent significant trauma, including physical or sexual abuse	Hospital admission for psychotherapy/ counselling up to 3 days, or up to 12 outpatient psychotherapy/ counselling contacts
910T	Alcohol withdrawal delirium; alcohol intoxication delirium	Hospital-based management up to 3 days leading to rehabilitation
908T	Anorexia Nervosa and Bulimia Nervosa	Hospital-based management up to 3 weeks/year or minimum of 15 outpatient contacts per year
903T	Attempted suicide, irrespective of cause	Hospital-based management up to 3 days or up to 6 outpatient contacts
184T	Brief Reactive Psychosis	Hospital-based management up to 3 weeks/year
910T	Delirium: Amphetamine, Cocaine, or other psychoactive substance	Hospital-based management up to 3 days
902T	Major affective disorders, including unipolar and bipolar depression	Hospital-based management up to 3 weeks/year (including inpatient electroconvulsive therapy and inpatient psychotherapy) or outpatient psychotherapy) of up to 15 contacts
907T	Schizophrenic and paranoid delusional disorders	Hospital-based management up to 3 weeks/year
909T	Treatable dementia	Admission for initial diagnosis; management of acute psychotic symptoms - up to 1 week

Any emergency medical condition is covered under the PMB guidelines. You will need to be formally diagnosed with a chronic mental health condition in order to access the chronic (long term) PMBs.

What can I do...

To empower myself?

Read what your medical aid says about PMBs for mental health conditions to understand what your rights are. You can also visit the SADAG website for more info on PMBs and mental health.





SPOTLIGHT ON: LGBTQ+

What is happening to me? My loved one?

Sexual orientation and gender identity are two different aspects of human nature, but the social issues of acceptance, rejection and harassment related to these two issues are so similar that they are often considered together.

LGBTQ+ stands for lesbian, gay, bisexual, trans, questioning or queer, and the plus sign includes all variations of gender identity, sex and sexual orientation including non-binary, asexual, intersex, questioning and so on. The umbrella term LGBTQ+ does not adequately represent the full spectrum of gender and sexual variances that people identify with, and we use it here as a shorthand reference to a particular set of issues and concerns, and their associated impacts on mental health.

Double stigma: LGBTQ+ people living with mental illness

LGBTQ+ people are nearly three times more likely than others to experience a mental health condition such as anxiety or a mood disorder, according to the American National Alliance on Mental Illness. This increases substantially for people of colour, people from strongly religious backgrounds and people living in low-income communities. Many of us who identify as being LGBTQ+ experience family rejection, bullying and harassment, or feel unsafe in our communities for simply being who we are. All of these issues can be added risk factors for anxiety and mood disorders. According to research done in South Africa by OUT, over half of those surveyed (55%) expressed fear that they might experience discrimination due to their sexual orientation. Regionally, people in the Eastern Cape, Free State and KwaZulu-Natal were also more likely to fear discrimination.

Although most people experience mental health challenges, those of us who identify as being LGBTQ+ have higher rates of:

- low self-esteem
- depression
- anxiety and anxiety disorders
- eating disorders
- drugs and alcohol over use
- self-harm
- suicidal feelings
- other mental health problems.

Being a member of the LGBTIQ+ community does not cause these problems. Rather, these problems are often caused by social issues that we might find in our families, friends, places of worship, schools and broader society. These include:

- homophobia, biphobia and transphobia
- stigma, discrimination and even violence
- difficult experiences of coming out
- social isolation, exclusion and rejection.

Embracing our LGBTIQ+ identity can have a positive effect on our wellbeing. These positive effects can include:

- increased confidence
- improved relationships with friends and family
- a sense of community and belonging
- greater freedom of self-expression and self-acceptance
- increased resilience.



However, we should be aware that feelings can be complicated. It is possible to have the positive effects and still have challenges to our mental health at the same time. Always remember that support does exist, and it can be helpful to speak to other people who have been through similar experiences. You can contact any of the organisations and helplines given below for help.

Where can I look...

For support

Triangle Project Helpline (1pm–9pm) 021 712 6699

- Triangle also offers mental health counselling 021 422 0255

OUT counselling services 012 430 3272

LGBTQ+ organisations for information and support in South Africa:

- www.iranti.org.za
- www.pflagsouthafrica.org/
- www.out.org.za/
- www.gaylesbian.org.za
- www.engagemenshealth.org.za

Google or search on social media for local support groups in your neighbourhood

International toolkits and guides:

- <https://www.mind.org.uk>
- <https://www.thetrevorproject.org>

SECTION C

**WHAT CAN
I EXPECT
THE
PROCESS
TO BE LIKE?**

1. What to expect from diagnosis

The next step in getting help is getting a diagnosis so that you can develop a strategy for healing and wellbeing. Not all health care workers will use this term, but it refers to identifying the kind of disorder or distress in order to better treat it. Usually, a diagnosis requires an evaluation, which may include:

- **Physical exam:** A doctor may do a physical exam and lab tests to identify any medical problems that could be causing your symptoms.
- **Psychiatric assessment:** A psychiatrist may talk to you about your thoughts, feelings and behaviour patterns. You may also fill out a psychological self-assessment or questionnaire. With your permission, family members or close friends may be asked to provide information about your symptoms.
- **Mood charting:** You may be asked to keep a daily record of your moods, sleep patterns or other factors that could help with diagnosis and finding the right treatment.
- The process of diagnosis can seem intimidating and scary. Ask as many questions as you need to – remember that this is your process of recovery, so you have the right to know what is going on. You might find the questions below useful in navigating the process.

What can I ask...

About my health?

- What is my diagnosis and what does it mean?
- Why am I feeling this way?
- What is the process of me getting better?
- What are the steps in the treatment and how long does it take?
- What are my options for treatment?

- What are the risks and benefits associated with my treatment?
- How soon can I expect to start feeling better?
- How long will my treatment last?

About logistics

- How often do you recommend seeing me?
- Do you require appointments for everything or can I conduct some transactions (refills, adjustments, referrals) over the phone?
- How much will treatment cost me? Am I responsible for a co-payment?
- Do you deal directly with my medical aid or do I need to?
- Do you have admitting privileges at a hospital?
- Are you willing to communicate with my other doctors and therapists to coordinate care?

About hospitalisation

- When will the initial evaluation take place?
- How and when will the evaluation be communicated?
- Who will treat me and will I be seen by this professional on a regular basis?
- When can family members visit? How can they arrange for this?
- When can I (or another family member) talk to the therapist or doctor?
- Will we be able to discuss treatment with the doctor or therapist? When? How often?
- Will I (or my family) be advised of changes in my treatment?
- Who will make the evaluation for my discharge (leaving the hospital when I feel better)? When will this happen?
- What can my family and I expect after I am discharged/leave the hospital?
- Will someone advise me and my family about adjustment concerns, such as the need for further counselling or a medication schedule after I have been discharged?

Learn all you can about your diagnosis. There are many resources online from reputable sources. The more you learn, the better you will be at making decisions that feel right for you.

2. Health care journeys

People who have been diagnosed with a serious health condition – mental, physical or both – generally find that the diagnosis is the start of a journey. They need to learn to deal with the changes and new needs for managing their health. For many, this journey is not straight and clear. Rather, it is a pathway that curves and branches as they learn new skills, make new discoveries and overcome setbacks as they move towards health. Over time, it is possible to look back and see, despite the halting progress and discouragements, how far they have really come. It can be helpful to keep a journal to record progress, and to set milestones and work to achieve them. Even if these milestones aren't achieved, or if a setback causes a relapse, we can always learn from such moments, and get back on the pathway.

The first step in the journey to recovery begins with a decision that life must improve. Once a diagnosis has been made, the patient must find the determination to stop just surviving, and start gaining back their life, piece by piece. That is when recovery begins and treatment can begin.

2.1 Treatment

The most effective treatments generally combine medication and some form of psychotherapy. Combination treatments bring about more rapid relief from symptoms, and usually result in lower relapse rates. However, treatment is not generally a quick or straightforward process. It can take some time to find the right treatment, your response to treatment might change over time, and you might need to start again on new medications. Also, some medications can have unpleasant side effects, and it may be necessary to assess whether the benefits of the medications outweigh the side effects. At this early stage, it is vital to find support from people who understand what you're

going through. Support groups and other social institutions offer further support and encouragement, easing the recovery process dramatically. Speaking regularly to people who have been through a similar process can help you prepare for what's ahead and help you avoid any problems that they may have encountered in their recovery.

2.2 Recovery

As time passes, you will find yourself in another stage of recovery as your condition becomes more manageable. Many things can contribute to this improvement: an accurate diagnosis, effective medication, supportive talking therapy, and your own growing knowledge of your condition and how to live with it. For many people, this is a lifelong process, but it is increasingly the case that people with mental health challenges lead active and fulfilled lives. Remember that a journey leads to a new place, and that place can be fulfilling and positive. The intention is not to 'return' to some original state of being but rather to learn and grow and to understand oneself better.



3. Self-management of mental health

Although you may have a team of people helping you in your recovery, it is ultimately up to you to manage your own mental health. You can and should play an active role in your treatment: the more informed you are about your own challenges and treatment options, the better you will be able to manage your recovery. Follow the guidelines below to help to manage your mental health.

What can I do...

To take responsibility of my own mental health?

- Learn about your challenges. Read reputable sources online and ask your mental health care service providers as many questions as you need to.
- Join support groups that will help you learn more about treatment and how to stick to it.
- If you have been prescribed medication, take it, even if you are feeling better. If you want to go off your medication, speak to your doctor.
- Exercise regularly if you can, as this keeps you physically healthy and also helps to regulate your mood.
- Drink enough water.
- Avoid drinking excessive alcohol, especially if you are taking medication.
- Some people find regular meditation helpful for anxiety and depression.

4 Shared management of mental health

4.1 Shared decision-making with a mental health service provider

Although the responsibility for your health is yours, you are not alone on this journey! In addition, you are not just a passive recipient of care, and both you and your mental health service providers can work together to make decisions about your treatment and progress. Mental Health America defines shared decision-making as a process that occurs 'when people with mental health conditions and their treatment providers work together to come up with the best possible course of action. It's a process that emphasises communication and trust, and an approach where the expertise of the person experiencing the condition and the medical professional are valued equally. Shared decision-making is about respect and dignity.' Working with a mental health service provider means that you can both develop a plan with clear shared objectives and steps.

Shared decision-making is relatively new in health care and not all medical professionals are trained in or understand this practice. Today, there are many stigmas and traditions of care within the treatment of mental health that are increasingly seen as unacceptable and need to change, but this change will not happen quickly. It is therefore the role of everyone involved to take charge of active, open and engaged learning together towards better mental health care.

4.2 Caregiving

An important part of managing your mental health is developing a network of friends and family who you can trust to act in your best interests, support you and hold you accountable. Many people have someone who helps to care for them on a daily basis. This is often a family member, partner or close friend. The vast majority of daily care of

people who are having mental health challenges is given by family and friends. Generally, these carers are not trained in mental health issues or care and they may find it a difficult role. Each person's mental health experience is different, and everyone's journey to health follows a different path. It makes sense that caregiving does not look the same for everyone either. Caregivers are likely to experience stress, so they need to take care of their own mental health. They can find support through sharing their experiences, joining communities and getting help. There are support groups online and on social media, as well as resources such as toolkits (you can find examples at www.mhanational.org or on the VANSAs Take Care website). We discuss ways that caregivers can take care of themselves in more detail in Section [64](#).

Caregivers need to plan for difficult periods and develop networks and strategies for care. This should be done during periods of wellness and stability, when difficult conversations will be easier, and plans can be agreed on without too much emotion. This will help to ensure that everyone involved will know what to do in a crisis. Developing a wellness recovery action plan (WRAP) and medical advance directives are discussed in Section [58](#).

4.3 Relapses and flares

Flares and relapses are a normal part of the recovery process, and it is important to expect them and know how to deal with them before they happen. This is part of the process of learning to manage your own mental health challenges. Flares refer to an experience temporarily worsening. Relapses refer to a person's symptoms returning so that their functioning decreases. Relapsing tends to indicate a backward turn in the mental health journey. However, remember that recovery is a journey, and sometime the path takes a detour or goes back on itself. This does not mean that you are off the path forever. Flares and relapses should not be considered failures or an end of the health care journey. Rather, by working through flares and relapses, you can learn about how to better manage mental health challenges.

Flare and relapse triggers

Relapses do not usually occur 'out of the blue'. They tend to follow a sequence of events that act as a trigger. Triggers are external: they are people, places, and things that increase a person's likelihood of relapse. For example, being at a party where substances are being used may trigger a person to drink or use drugs again. Not sleeping for a long period of time might trigger a bout of anxiety or depression. For people using medication, a gap in correctly taking medication will often result in a flare or a relapse.

Identifying and dealing with triggers

In order to identify triggers for relapses or flares, it can be helpful to discuss past relapses and what happened before them. You can also keep a journal or log book, to help you monitor your feelings or symptoms, and what triggered them. You will need to ask and answer questions: What are some triggers that you have experienced in the past? What happened immediately before the relapse or flare? What did you do? Who did you see? Based on your past relapses or flares, you will be able to identify the most important trigger situations for yourself. For example, you might identify these situations as triggers:

- Being at a party where alcohol or drugs are being used
- Seeing a certain group of friends, who often use drugs
- Being in a very high stress situation that replicates your past experience of trauma
- Having a conflict with a loved one.

Once you have identified triggering situations, make a plan about how you will deal with these situations when they next arise. It's important to keep in mind that triggers are generally not entirely avoidable. You will go to parties, see friends, experience stress and have fights with loved ones, so your plan for relapses and flares should include strategies for identifying the trigger as quickly as possible and a process for mitigating harm.

This could include asking a friend to remove you from a triggering space immediately, planning down time after a very stressful period, or taking time out to calm down before continuing a heated discussion with a loved one.

Sometimes your mitigation strategies might not work, and you will have a relapse. Plan for this too. Who will help you be fed or cared for when triggers happen? Is there a person who knows the challenges of your triggers and can talk you through them? In more serious scenarios, does a carer know the details of your health care professional to call for help? Develop and share your trigger plans (WRAP) with the people who are helping you on this journey.

4.4 Wellness recovery action plans

According to the National Alliance on Mental Illness, a wellness recovery action plan (WRAP) helps to prepare for relapses and flares. By doing so, triggers can be addressed without becoming a crisis, and if a crisis does emerge, there is a plan to deal with it. The WRAP enables greater communication with carers and medical professionals if necessary. Putting together a WRAP when you are feeling stable and healthy is a good way to open up the conversation on your current state, experiences and expectations. Having a WRAP will support those responding to a flare or relapse as they will have a lot of important information at hand.

What can I do...

To be prepared?

A WRAP includes:

1. Phone numbers for your therapist, psychiatrist and other health care providers
2. A caregiver's address and phone number(s)
3. Names and contact details of family members and friends who would be helpful
4. Local crisis line number (see page [77](#) of this book)
5. Addresses of walk-in crisis centres or emergency rooms
6. Medical aid details
7. Notes on diagnosis and medications
8. A brief history of your health care journey (including any psychotic episodes, drug use etc.)

9. Triggers

10. Things that have helped in the past

11. Go over the plan with your loved ones, caregivers and doctors. Keep copies in several places: you might keep physical copies and electronic copies on your phone or in your emails for quick access. If you are a caregiver looking after someone struggling with mental health challenges and who does not want to co-create a WRAP, it can still be useful to do one yourself to help you feel better prepared.

4.5 Medical advance directives

A medical advance directive is a written document that expresses your wishes in advance about what types of treatments, services and other assistance you want if you undergo a mental health crisis and are unable to take part in decisions about your own care. You can also use it to grant decision-making authority to another person who will serve as your advocate and health care agent until the mental health crisis is over.

If you have a mental health crisis or emergency, you may become too incapacitated to fully understand what treatment the doctor recommends or to make decisions about your treatment. At such times, you lack capacity to make informed decisions about your care. You might be unable to comprehend information, to make decisions or unable to communicate your desires. Psychiatric advance directives take effect during these times. The doctors may take into consideration your wishes as expressed in your psychiatric advance directive or by the instructions of the person you appointed to speak for you.

An advance directive will help those responsible for your care to decide on your treatment. It can also help your loved ones make the right decisions on your behalf, and know what kinds of treatment decisions you would prefer when you are unable to articulate them yourself. Developing an advance directive is an opportunity to bring together your primary carer (doctor, psychiatrist or other carer) together with your loved ones to have open and productive discussions about your needs ahead of time.

In South Africa, medical advance directives are usually used for elderly or terminal patients and are not in regular use for a mental health crisis, though it is becoming more regular. Advance directives do not legally bind a doctor to your wishes because a doctor must ultimately make the decisions they deem best for a patient. However, doctors are encouraged by the HPCSA to respect the wishes of patients as indicated in advance directives. It is also worthwhile thinking about what you want to happen to you, as this will help caregivers or family to make decisions in a stressful time. For more information about advance directives you can visit the website of the South African Medical Protection Organisation. For guidance developing a psychiatric advance directive there are some guiding steps on the website for Mental Health America.

Personal Experiences

What has worked for me:

1. Regular carbs and proteins
2. Physical exercise routines every morning except Saturday and Sunday
3. Prioritising daily routines
4. Being inquisitive about your medical check with the doctor - ask questions
5. Recognising an unhealthy lifestyle was leading to recurrent admissions to hospital
6. Positive life choices
7. Communication
8. Keeping physically and mentally busy allowed my mind to keep off recreational substances
9. Waking up early and going to sleep early helped me acquire a balance in sleep routine
10. A lot of fluids aid in keeping me hydrated from some of the medication dosages that leave your throat dry and nauseous
11. I take warm baths more to help aid the trembling side effects from the medication
12. Taking your meds immediately after you eat helps with later effects.
13. Music.



SECTION D

**HOW CAN I
CARE FOR
MYSELF
AND
OTHERS?**

According to Mental Health First Aid, there are four major dimensions of recovery:

Health	Home	Purpose	Community
Overcoming or managing your challenge or symptoms and making informed, healthy choices that support physical and emotional wellbeing.	Having a stable and safe place to live.	Conducting meaningful daily activities and having the independence, income and resources to participate in society.	Having relationships and social networks that provide support and friendship.

Caring for yourself is deeply affected by your social circumstances. For artists this is especially challenging because it can be very difficult for artists to maintain a stable life, because of the precarious nature of our work, income and living standards, and because the community is often not encouraging of healthy mental health lifestyles.

1. Caring for myself through a mental health challenge

In popular media, self-care is often presented as a relatively passive action such as having a long bath or treating yourself to a special meal. The reality is that self-care is an active process that requires work: it includes setting goals, taking care of yourself and strengthening your connections.

1.1 Working toward my goals

When you start to think about setting goals, think about the time frames: what do you want to achieve in the near future, and in the longer term? Set short-term and long-term goals. Short-term goals can address some of the little things in life that have perhaps become difficult. Long-term goals might address your bigger lifelong intentions. Write your goals down so that you can keep track of them. Share them with others who can support your process and hold you accountable.

What can I do...

To set achievable goals?

People in recovery offer the following suggestions:

- Focus on your strengths.
- Focus on solving problems.
- Focus on the future instead of reviewing hurts from the past.
- Focus on your life instead of your condition.
- You are more likely to achieve a goal if:
 - The goal is realistic. Know your weaknesses as well as your strengths.
 - You have a plan on how to achieve it. Break the goal into smaller objectives and work on achieving each one of those.
 - You set a time frame.

- You monitor your progress and adjust your plan if you need to.
- You share your goal and plan with someone else.

1.2 Taking care of myself

Taking good care of yourself is paramount to the success of your recovery process. People in recovery find that their physical, spiritual, and emotional health are all connected, and that supporting one aspect supports the others. Taking care of all aspects will increase the likelihood that you stay well.

What can I do...

To take care of myself?

- Make sure that you eat regularly, get enough sleep, exercise regularly if you're able to, and avoid drugs and alcohol.
- Try to do something you enjoy every day. That might mean dancing, listening to music, watching a favourite TV show, working in the garden, painting or reading.
- Find ways to relax. This could be meditation, yoga, getting a massage, taking a bath or walking in a local park.

1.3 Strengthen connections

Mental health challenges can result in us feeling isolated or avoiding people, but research has found that making connections with people is one of the most effective ways of feeling better. This includes connecting with people close to you, but studies have shown that even connecting with strangers (such as shop assistants or fellow commuters on public transport) lifts your mood. Make the effort to incorporate joy and relaxation in your life through connecting with others. This helps to develop resiliency (the ability to recover from difficult experiences) and stay healthy.

The four Cs of connection are:



What can I do...

To strengthen connections?

- Find strategies to connect with yourself. This might be journaling your feelings and experiences, going to talk therapy, meditation, being mindful or any other method that works for you.
- Find strategies to strengthen connections with others. Ensure that you have a few people who are undertaking this journey with you, and speak openly about your needs and expectations. Also talk about what they are able to offer and what they need for their own wellbeing too.
- Volunteer your time and get involved in community activities that have meaning for you. Finding ways to help others takes your mind off your own problems and makes you feel better. Look for a cause that is important for you in your community: is there a community art project, a community garden or a children's centre that could use your help? Reach out and see what you can offer them.

2. Caring for someone else going through a mental health challenge

There are many resources and advice platforms for how to support someone who is undergoing mental health challenges. If you have a friend or family member going through mental health challenges, you might be able to provide some support, even if you are not their main carer. There are many different ways to support and small actions can go a long way. Also remember that caregivers (those giving direct support) need support too.

2.1 General support

These are some ways that you can support a friend or family member undergoing a mental health challenge:

- Educate yourself about their diagnosis, symptoms and side effects from medications.
- Recognise that your family member or friend may be scared and confused after receiving a diagnosis. Some people are relieved to receive a diagnosis and actively seek treatment, but for others it may feel devastating and bring on stressful feelings.
- Listen carefully to your loved one and express your understanding back to them. Acknowledge their feelings; don't discount them even if you believe them to be symptoms of the mental health challenge.
- Encourage the person to be active in terms of their treatment. They should gain knowledge about what treatments and services will help them manage their mental health challenges.
- Recognise that it may take time for the person to find the medications and dosages that work.
- Understand that recovery from mental health challenges isn't simply a matter

of 'staying on your medication'. Self-esteem, home stability, social support and a feeling of contributing to society are also essential elements in the recovery process.

- Offer some logistical support, if you can. You could offer to accompany the person – and/or their caregivers – to medical and other appointments, or help them to get groceries or other everyday items during difficult periods. Even dropping off a prepared meal can be comforting and helpful.
- Always respect the person's need for and right to privacy. A person with a mental health challenge has the same right to be treated with dignity and respect as any other person.
- Offer a chat or a moment of common life and connection that maintains friendship and care regardless of the person's current experiences.

2.2 Accepting my feelings

You may find yourself denying the warning signs, worrying what other people will think because of the stigma, or wondering what caused your friend or family member to struggle with their mental health. Accept that these feelings are normal and common among others going through similar situations. Find out all you can about your friend or family member's condition by reading and talking with mental health professionals. Share what you have learned with others.

2.3 Handling unusual behaviour

The outward signs of a mental health challenge are often behavioural. A person may be extremely quiet or withdrawn. Or they may burst into tears, have great anxiety or outbursts of anger. It can be helpful for you and your friend or family member to discuss this with their health care provider and develop strategies for coping. The person's behaviour may be as upsetting to them as it is to you. Ask questions, listen with an open mind and be there to support them. It is important to try to find a level of acceptance of changes and differences in behaviour – it can be hurtful and harmful to insist the person 'behave normally' or be 'like they used to be before'.

2.4 Establishing a support network

Whenever possible, seek support from other friends and family members. If you feel you cannot discuss your situation with other people, find a support group. Therapy can be beneficial for both the person with mental health challenges and other family members or friends who are affected. A mental health professional can suggest ways to cope and better understand your loved one's challenges. It's also important for caregivers to take time out, and to find joy and pleasure outside of and in addition to the ongoing caregiving.

2.5. Stigma

Many people have trouble discussing mental health difficulties and might not reach out for help or support. This can result in feelings of isolation or abandonment. Nearly 9 out of 10 people with mental health challenges feel that stigma and discrimination negatively affect their lives. Stigma is ended through knowledge and awareness. Dealing with stigma around mental health means that we need to learn to understand the nature of mental health challenges, their impact and how they can be managed.

These are some steps for dealing with stigma:

- Educate yourself and others. Learn more about mental health challenges, their prevalence and their effect on us all.
- Be conscious of your language. Words like 'crazy' and 'mad' are unhelpful. Suggesting that people can 'snap out of it' or 'behave normal' are direct indications of a held stigma.
- Be open and honest. If you don't know about or understand someone else's experience, say so, and be open to learning. It is also helpful when more of us are open about our experiences with mental health challenges.

2.6. Crises

We've discussed how relapses and flares are to be expected as part of the recovery process. Even if you have a WRAP in place, have developed an advance directive (see page

59) and have avoided triggering situations in the past, you may still face a crisis that you cannot prepare for. You may find a crisis situation that happens with someone who hasn't yet been diagnosed or come to terms with their experiences. Mental health first aid is an increasingly mainstreamed approach to handling mental health crises. Training in mental health first aid is available – and should be encouraged in schools and workplaces in much the same ways as 'usual' first aid training is. Online resources can help you get detailed mental health first aid training.

If you find yourself in a crisis situation, you will need to de-escalate the situation. De-escalation techniques are often needed in crisis situations where panic, fear or confusion can increase the complexity of a crisis. De-escalation aims to calm a situation down, focus on solving the issues and facilitate shared decision making as you work towards a solution. The guidelines below can help you de-escalate a situation.

What can I do...

To de-escalate a situation?

Calm the situation down

Decrease the emotional, behavioural and mental intensity of a situation using verbal and non-verbal cues. This includes:

- lowering your voice
- listening carefully to what each person is saying
- hearing the concerns being raised, and accepting and validating them
- maintaining a calm but focused and attentive demeanour.

Find a calmer and more conducive environment for talking if necessary

Assess the situation

Determine the most appropriate response as presented by the facts.

Focus on verbal, behavioural and environmental cues to identify the problem.

Listen carefully to what people are saying and what they feel they need.

Show respect to each person's perspective and personal needs.

Refrain from imposing positions on anyone even when their position may not be clear or they may be struggling to articulate their needs.

Identify if a person may be in need of physical help such as water, food or warmth. In serious situations, the person may be in need of professional help or even hospital care.

Facilitate a resolution

The resolution should be based on the assessment of the facts.

A resolution is not the same as a solution – it might be an agreed process to de-escalate the crisis now. You can think about solving the issue later once everyone has had some rest or when a trusted person can facilitate solutions.

Resolution should focus on immediate possibilities that reduce risk and harm.

It is best not to overwhelm the situation with many options or very big solutions. Rather respond to the most urgent need at hand.

What can I do...

If the situation can't be de-escalated?

Contact a crisis support line for guidance. Use any of the numbers on page [77](#) of this toolkit.

As a last resort, you may need to call for paramedic or police support. If it is an emergency situation and the person is a risk to themselves or others but refuses to get help, you can call the SAPS.

SECTION E

**AT WORK IN
THE VISUAL
ARTS**

1. Mental health and wellbeing at work in the visual arts

The organisation MIND has established Six Core Standards (C/S) for Thriving at Work. As well as detailed information on how to implement the standards which are available on their website. Below is adapted guidance for thriving at work in the visual arts.

Are you part of an artist studios?

Do you work with or for a gallery?

Do you work for an arts non-profit organisation or commercial company?

Are you a student or someone working at an arts education institution?

Begin a conversation on how to enable better strategies for mental health care and support within your professional environment and develop a more trauma informed environment

01	Develop, implement and communicate a mental health plan at your place of work
02	Drive mental health awareness among employees
03	Encourage open conversations about mental health and the support available when people are struggling
04	Enable good working conditions
05	Promote effective people management
06	Develop ways to regularly check in on peoples mental health and wellbeing

What can I do...

to enable better strategies for mental health care and support at my work or school?

If you are interested to begin working towards the six core standards for thriving in the workplace there are a number of things to consider to in order to start the process. It's important to remember that all contexts will need their own approach with their own characteristics. But a plan for better practice will help everyone get with the programme:

- **Include others:** Are there others who might be interested in working with you to initiate a conversation about the core standards? Talk also to those who may not assist directly, designing your plan with input from people who will be impacted, boosts buy-in and gives you a clearer idea of the support they might need.
- **Identify who is responsible for this issue:** For some this might include senior leaders, HR or even wellbeing teams that might already exist. Understand what policies might already exist and what plans or approaches may be in place. Open up a conversation with those who have a role to play in wellbeing for others
- **Consider your workplace culture and what might be impacting wellbeing:** Do people work reasonable? Do people take breaks, and have healthy meals? Is it usual to take time off, or include family needs and conversations of support? Are there clear processes for how to deal with conflicts or problems, or to ask for help? Is the physical environment conducive to health and wellbeing? Is there a culture of openness and support? Does the workplace do all it can to support structural wellbeing issues such as paid time off, openness to mental health days and flexible schedules etc.? What are your workplace's strengths for enabling wellbeing? What are its weaknesses?
- **Amplify your strengths, work on your weaknesses:** The first step is to recognise the ways your workplace already supporting wellbeing and use these strengths as an approach to address areas where you need to improve. Develop a plan for supporting well

Some areas to consider as part of your plan:

- How do we enable a better environment for checking in with everyone? A buddy system, a dedicated HR function, what works best for us?

- How do we address a workplace issue that arises that has the potential to impact wellbeing and mental health? What are our collectively agreed steps?
- What do we do if we think someone might need help? What are our collectively agreed steps?
- What do we do if someone discloses that they have a mental health challenge and/or they need help? What are our collectively agreed steps?
- What are our strategies for support, what will we commit to doing if someone is going through a hard time, especially if someone needs to leave for a while? How will we support them when they come back?

Some recommendations:

- Consider mental health first aid for everyone in the team
- In developing a mental health and wellness programme, consider linking this to financial planning, recognising that money, housing and work also affect our mental health
- Incorporate mental health leave into your HR leave policy as well as other supportive HR policies such as menstrual leave, maternal and paternal leave and childcare provisions
- Develop trauma informed HR policies that clearly outline procedures and support measures



SECTION F

MORE

RESOURCES

1. Emergency and support contact numbers in South Africa

General emergency number

112

SADAG helpline

011 234 4837

SADAG SMS 24 hour

31393

Lifeline National crisis line

0861 322 322

Suicide Crisis Helpline 24 hour

0800 567 567

CIPLA Mental Health Helpline 24 hours

0800 456 789

CIPLA Whatsapp Chat line 9am-4pm

076 882 2775

STOP Gender Violence helpline

0800 150 150

2. References

General

www.helpguide.org

www.mind.org.uk

www.safmh.org

www.mhanational.org

www.cambridge.org

www.dbhutih.org

www.bhevolution.org

Research on arts and mental health

www.ulster.ac.uk

www.crewcare.org.au

[WorkingintheAustralianEntertainmentIndustry.pdf](#)

www.who.int

Shared decision making

www.samhsa.gov

www.ahrq.gov

www.nami.org

www.mhanational.org

Getting care, counselling and therapy

www.therapyroute.com

www.groundup.org.za

Involuntary admission

www.safmh.org.za

Advance directives

www.medicalprotection.org

www.mhanational.org

Neurodiversity and why mental health problems happen

www.thenewatlantis.com

www.sciencedaily.com

Crisis prevention

www.crisisprevention.com

www.211la.org

SECTION G

**ACKNOWLEDGE-
MENTS AND
CONTRIBUTORS**

There are many people and organisations we've turned to for conversations and advice that resulted in this toolkit. VANSAs is grateful for the openness, generosity and enthusiasm to get this important work done. With special thanks to Molemo Moiloa, Kabelo Malatsie, Dr. Alicia Swart, Prof. Rita Thom, Heidi Sincuba and students of the Rhodes University Mental Health Workshop (2017), Tšhegofatšo Mabaso, Tatenda Magaisa, Chantelle Booysen, Susan Cooper, Bright Shitemi, Maia Marie, Nare Mokgotho, Pheny Moiloa, Mack Magagane, Belinda Germeshuizen, Jenny von Gogh, Scott Eric Williams, Milisuthando Bongela, Nkini Phasha, South African Depression and Anxiety Group (SADAG), South African Federation for Mental Health (SAFMH).

This project is made possible with the generous support of the National Arts Council of South Africa (NAC).

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VANSA Take Care Mental Health Toolkit
2021

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